

## Weekly U.S. Influenza Surveillance Report





A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Note: CDC is tracking the COVID-19 pandemic in a weekly publication called COVID Data Tracker Weekly Review.

(https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/)

#### Key Updates for Week 42, ending October 23, 2021

Seasonal influenza activity in the United States remains low.

#### Viruses

#### Clinical Lab

**0.1%** positive for influenza this week

#### Public Health Lab

Few specimens have tested positive.

#### Virus Characterization

Influenza virus characterization information will be reported later this season.

(/flu/weekly/#VirusCharacterization)

#### Illness

#### Outpatient Illness: ILINet

1.8%

of visits to a health care provider for ILI this week (below baseline)

### Outpatient Illness: ILINet Activity Map



#### 0.2%

of facilities reported ≥ 1 influenza-positive tests among residents this week

#### Severe Disease

#### FluSurv-NET

Hospitalization rates will be updated starting later this season.

## NCHS Mortality

#### 16.5%

of deaths attributed to pneumonia, influenza, or COVID-19 this week (above threshold)

#### **HHS Protect Hospitalizations**

#### 288

patients admitted to hospitals with flu this week

#### **Pediatric Deaths**

#### O

influenza-associated deaths occurring this season

All data are preliminary and may change as more reports are received.

A description of the CDC influenza surveillance system, including methodology and detailed descriptions of each data component is available on the surveillance methods (http://www.cdc.gov/flu/weekly/overview.htm) page.

Additional information on the current and previous influenza seasons for each surveillance component are available on FluView Interactive (https://www.cdc.gov/flu/weekly/fluviewinteractive.htm).

#### **Key Points**

- An annual flu vaccine is the best way to protect against flu and its potentially serious complications.
- CDC recommends everyone 6 months and older get a flu vaccine.
- There also are flu antiviral drugs that can be used to treat flu illness.

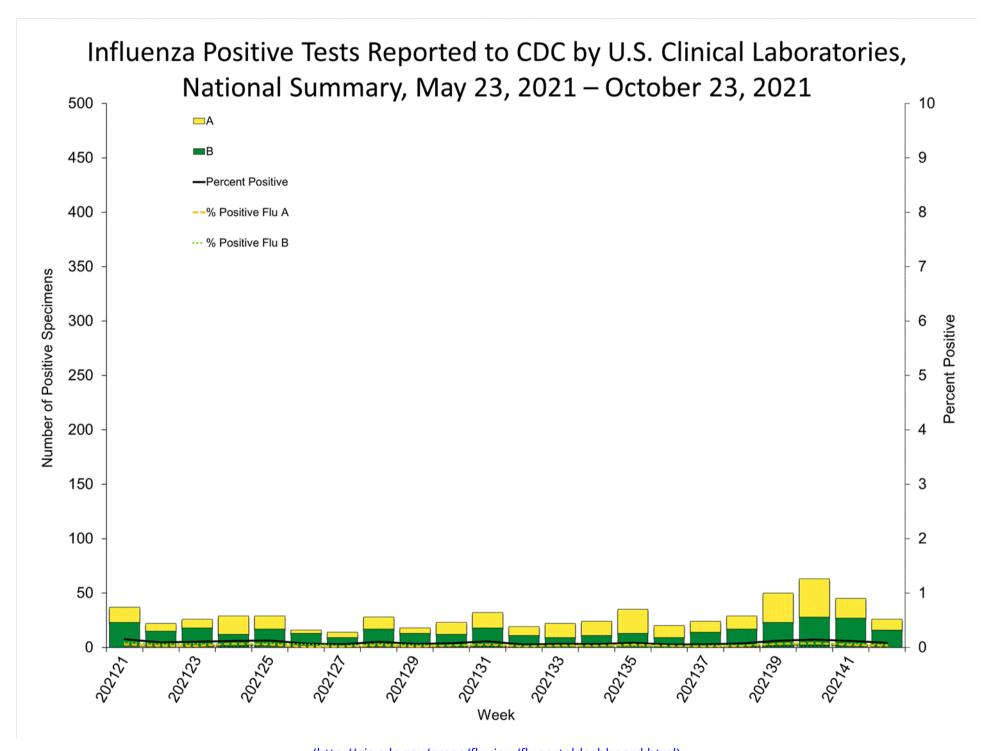
### U.S. Virologic Surveillance

(https://www.cdc.gov/flu/weekly/overview.htm#anchor\_1539281228772)

#### Clinical Laboratories

The results of tests performed by clinical laboratories nationwide are summarized below. Data from clinical laboratories (the percentage of specimens tested that are positive for influenza) are used to monitor whether influenza activity is increasing or decreasing.

	Week 42	Data Cumulative since October 3, 2021 (Week 40)
No. of specimens tested	30,338	111,986
No. of positive specimens (%)	26 (0.1%)	134 (0.1%)
Positive specimens by type		
Influenza A	10 (38.5%)	63 (47.0%)
Influenza B	16 (61.5%)	71 (53.0%)



(http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html)

View Chart Data (/flu/weekly/weeklyarchives2021-2022/data/whoAllregt\_cl42.html) | View Full Screen (/flu/weekly/weeklyarchives2021-2022/WhoNPHL42.html)

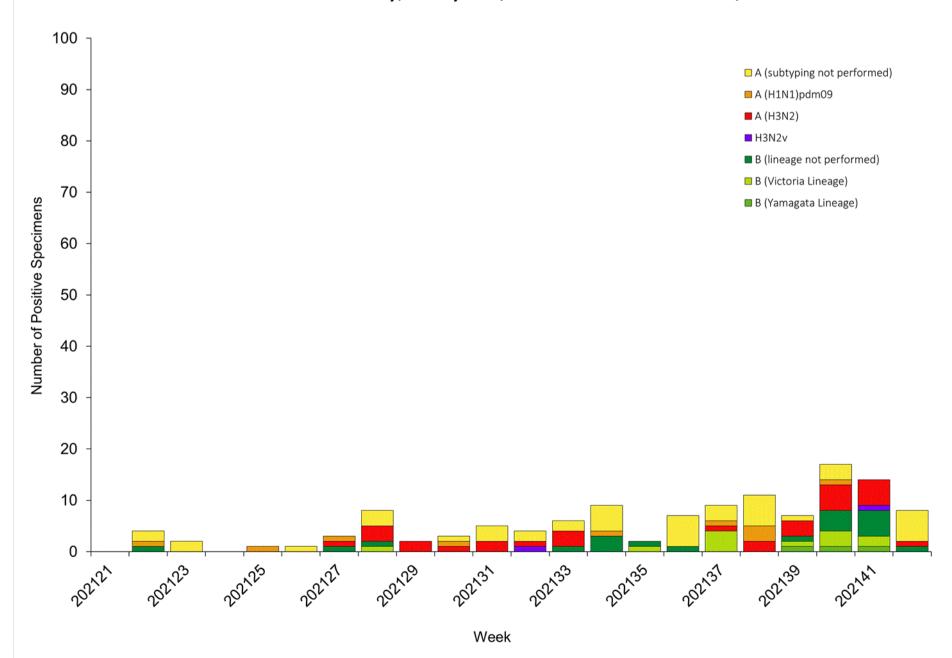
#### **Public Health Laboratories**

The results of tests performed by public health laboratories nationwide are summarized below. Data from public health laboratories are used to monitor the proportion of circulating viruses that belong to each influenza subtype/lineage.

Week 42	Data Cumulative since October 3, 2021 (Week 40)

	Week 42	Data Cumulative since October 3, 2021 (Week 40)
No. of specimens tested	20,253	51,864
No. of positive specimens	8	39
Positive specimens by type/subtype		
Influenza A	7 (87.5%)	22 (56.4%)
(H1N1)pdm09	0	1 (7.7%)
H3N2	1 (100%)	11 (84.6%)
H3N2v	0	1 (7.7%)
Subtyping not performed	6	9
Influenza B	1 (12.5%)	17 (43.6%)
Yamagata lineage	0	2 (28.6 %)
Victoria lineage	0	5 (71.4%)
Lineage not performed	1	10

## Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, May 23, 2021 – October 23, 2021



#### Additional virologic surveillance information for current and past seasons:

Surveillance Methods (https://wcms-wp.cdc.gov/flu/weekly/overview.htm#anchor\_1633697372803) | FluView Interactive: National, Regional, and State Data (http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html) or Age Data (https://gis.cdc.gov/grasp/fluview/flu\_by\_age\_virus.html)

## Influenza Virus Characterization (/flu/weekly/overview.htm#anchor\_1633697390939)

CDC performs genetic (https://www.cdc.gov/flu/professionals/laboratory/genetic-characterization.htm) and antigenic (https://www.cdc.gov/flu/professionals/laboratory/antigenic.htm) characterization of U.S. viruses submitted from state and local health laboratories using Right Size Roadmap submission guidance. These data are used to compare how similar the currently circulating influenza viruses are to the reference viruses representing viruses contained in the current influenza vaccines and to monitor evolutionary changes that continually occur in influenza viruses circulating in humans. CDC also tests susceptibility of influenza viruses to antiviral medications including the neuraminidase inhibitors (oseltamivir, zanamivir, and peramivir) and the PA endonuclease inhibitor baloxavir.

Virus characterization data will be updated later this season when a sufficient number of specimens have been tested.

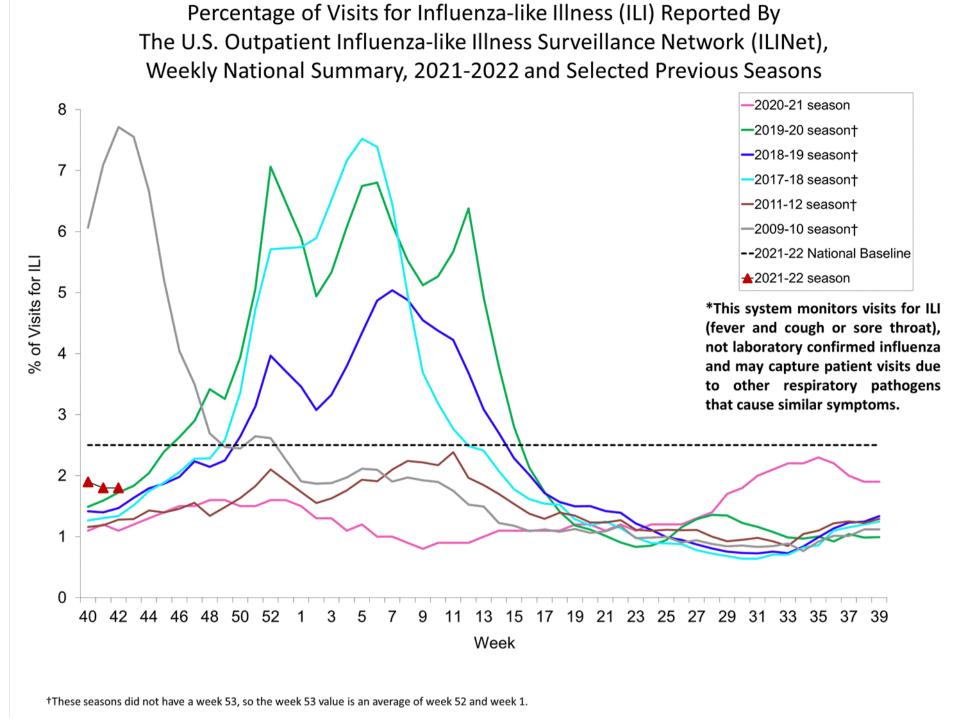
## Outpatient Illness Surveillance (https://www.cdc.gov/flu/weekly/overview.htm#anchor\_1539281266932)

The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) monitors outpatient visits for influenza-like illness [(ILI) fever plus cough or sore throat], not laboratory-confirmed influenza, and will capture visits due to other respiratory pathogens, such as SARS-CoV-2, that present with similar symptoms. Due to the COVID-19 pandemic, health care-seeking behaviors have changed and people may be accessing the health care system in alternative settings not captured as a part of ILINet or at a different point in their illness than they might have before the pandemic. Therefore, it is important to evaluate syndromic surveillance data, including that from ILINet, in the context of other sources of surveillance data to obtain a complete and accurate picture of influenza, COVID-19, and other respiratory virus activity. CDC is tracking the COVID-19 pandemic in a weekly publication called COVID Data Tracker Weekly Review (https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html). Information about other respiratory virus activity can be found on CDC's National Respiratory and Enteric Virus Surveillance System (NREVSS) website (https://www.cdc.gov/surveillance/nrevss/index.html).

Effective October 3, 2021, the ILI definition (fever plus cough or sore throat) no longer includes "without a known cause other than influenza." This change was made to improve the consistency with which the definition is applied across reporting sites

#### **ILINet**

Nationwide during week 42, 1.8% of patient visits reported through ILINet were due to ILI. This percentage is below the national baseline of 2.5%. All regions are below their baselines. Overall, influenza virus circulation remains low; therefore, any increase in ILI activity is likely due to increased circulation of other respiratory viruses.



(http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html)

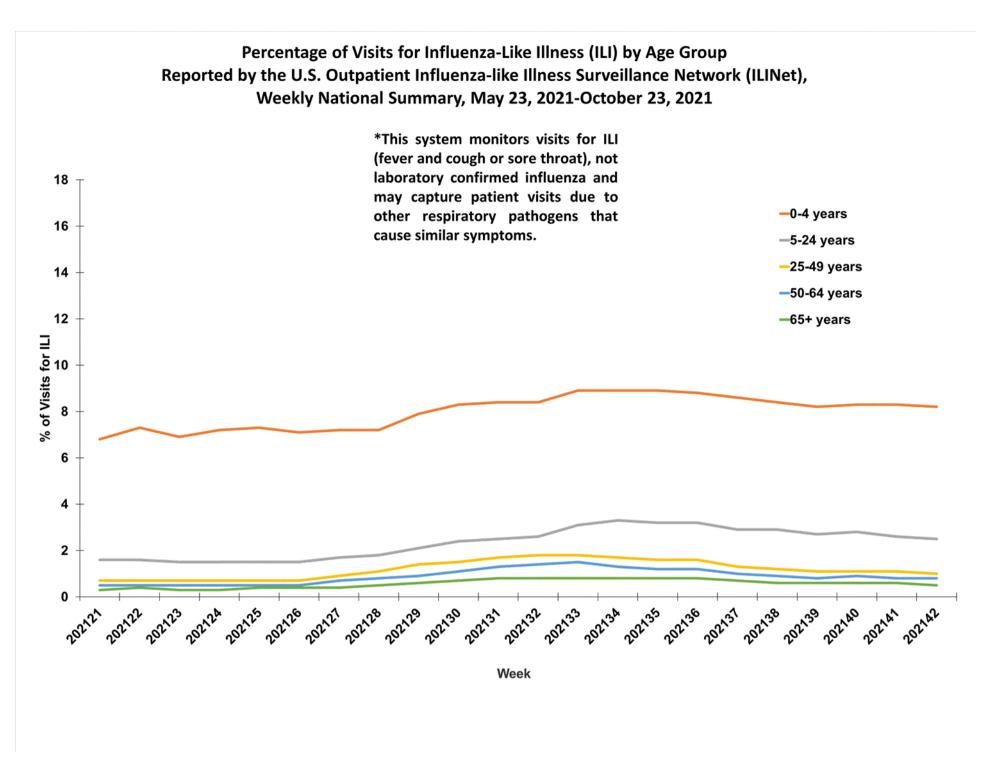
View Chart Data (current season only) (/flu/weekly/weeklyarchives2021-2022/data/senAllregt42.html) | View Full Screen (/flu/weekly/weeklyarchives2021-2022/ILI42.html)

### ILI Visits by Age Group

More than 70% of ILINet participants provide both the number of patient visits for ILI and the total number of patient visits for the week broken out by age group. Data from this subset of providers are used to calculate the percentages of patient visits for ILI by age group.

The percentages of visits for ILI reported in ILINet in week 42 remained stable compared to week 41 for all age groups and is showing a decreasing or stable trend during at least the past four weeks for all age groups (0–4 years, 5–24 years, 25–49 years, 50–64 years, and 65+ years).

<sup>\*</sup> Effective October 3, 2021 (week 40), the ILI definition (fever plus cough or sore throat) no longer includes "without a known cause other than influenza."



(http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html)

View Chart Data (/flu/weekly/weeklyarchives2021-2022/data/iliage42.html) | View Full Screen (/flu/weekly/weeklyarchives2021-2022/ILIAge42.html)

### **ILI Activity Map**

Data collected in ILINet are used to produce a measure of ILI activity\*

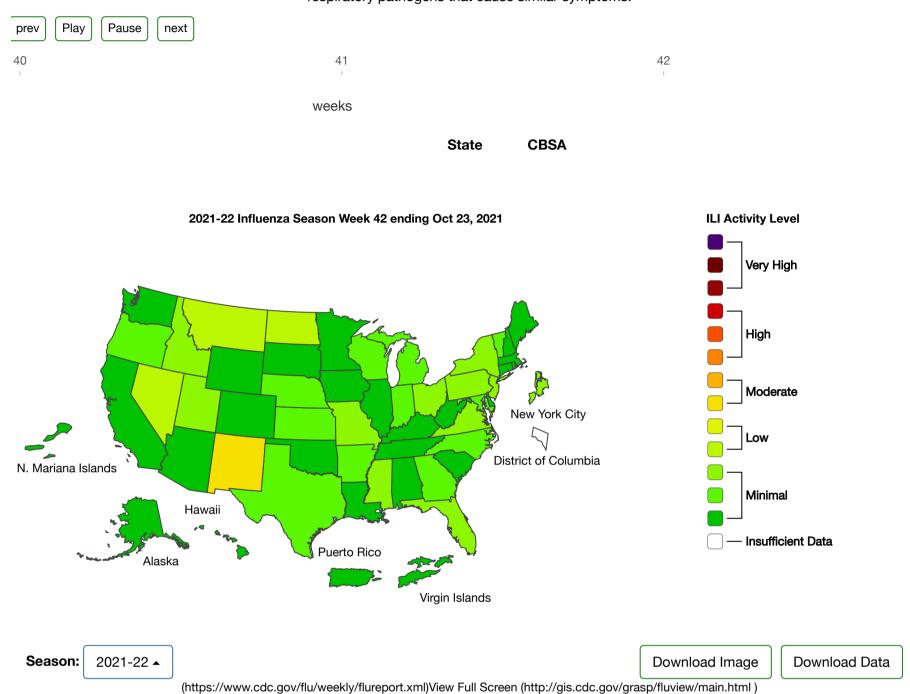
(https://www.cdc.gov/flu/weekly/overview.htm#anchor\_1633697504110) by state/jurisdiction and Core Based Statistical Areas (CBSA).

	Number of Jurisdictions		Number of CBSAs	
Activity Level	Week 42 (Week ending Oct. 23, 2021)	Week 41 (Week ending Oct. 16, 2021)	Week 42 (Week ending Oct. 23, 2021)	Week 41 (Week ending Oct. 16, 2021)
Very High	0	0	0	0
High	0	0	5	4
Moderate	1	2	15	17
Low	3	6	69	79
Minimal	50	47	534	553
Insufficient Data	1	0	306	276

<sup>\*</sup> Effective October 3, 2021 (week 40), the ILI definition (fever plus cough or sore throat) no longer includes "without a known cause other than influenza."

## A Weekly Influenza Surveillance Report Prepared by the Influenza Division Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet

This system monitors visits for ILI (fever and cough or sore throat), not laboratory confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms.



#### Additional information about medically attended visits for ILI for current and past seasons:

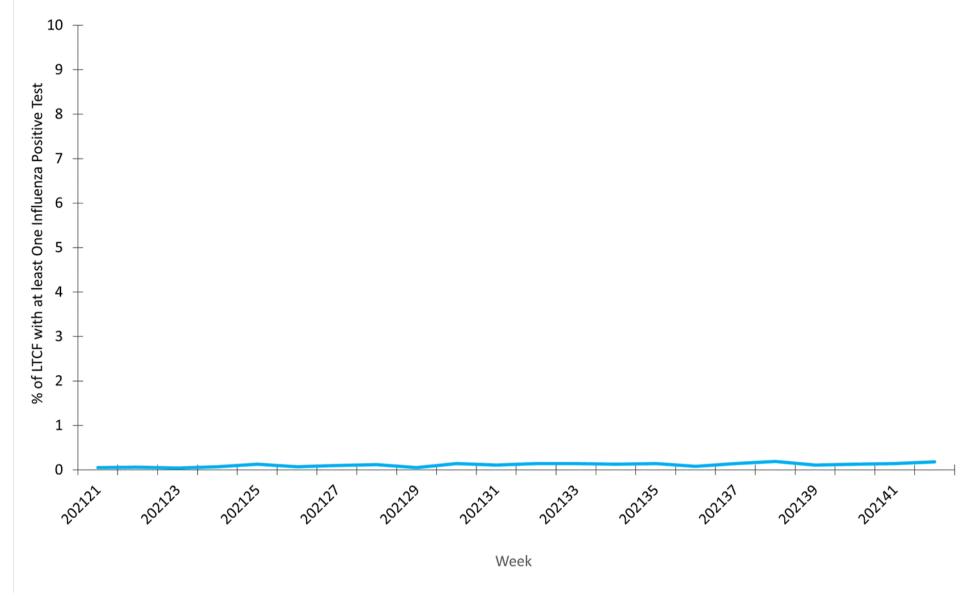
Surveillance Methods (https://wcms-wp.cdc.gov/flu/weekly/overview.htm#anchor\_1539281266932) | FluView Interactive: National, Regional, and State Data (http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html) or ILI Activity Map (https://gis.cdc.gov/grasp/fluview/main.html)

# Long-term Care Facility (LTCF) Surveillance (https://www.cdc.gov/flu/weekly/overview.htm#anchor\_1633698386507)

LTCFs (e.g., nursing homes/skilled nursing, long-term care for the developmentally disabled, and assisted living facilities) from all 50 states and U.S. territories report data on influenza infections among residents the NHSN Long-term Care Facility Component (https://www.cdc.gov/nhsn/ltc/index.html). During week 42, 26 (0.2%) of 14,302 reporting LTCFs reported at least one influenza positive test among their residents.

<sup>\*</sup>Data collected in ILINet may disproportionally represent certain populations within a jurisdiction or CBSA, and therefore, may not accurately depict the full picture of influenza activity for the entire jurisdiction or CBSA. Differences in the data presented here by CDC and independently by some health departments likely represent differing levels of data completeness with data presented by the health department likely being the more complete.

Percent of Long-term Care Facilities (LTCF) with at least One Confirmed Influenza Positive Test among Residents, Reported to CDC National Healthcare Safety Network (NHSN), National Summary, May 24, 2021 – October 24, 2021



(/flu/weekly/weeklyarchives2021-2022/LTCF42.html)View Chart Data (/flu/weekly/weeklyarchives2021-2022/data/LTCFData42.csv) | View Full Screen (/flu/weekly/weeklyarchives2021-2022/LTCF42.html)

#### Additional information about long-term care facility surveillance:

Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#anchor\_1633698386507) | Additional Data 🖸 (https://data.cms.gov/covid-19/covid-19-nursing-home-data)

## Hospitalization Surveillance

(http://www.cdc.gov/flu/weekly/overview.htm#anchor\_1634240269291)

#### FluSurv-NET

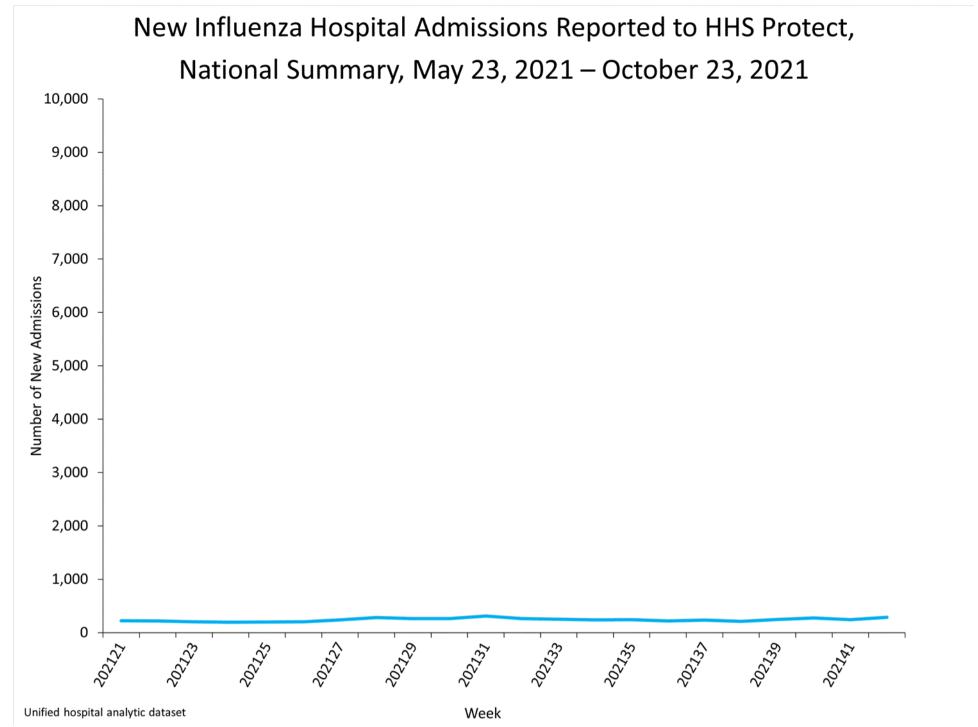
The Influenza Hospitalization Surveillance Network (FluSurv-NET) conducts population-based The Influenza Hospitalization Surveillance Network (FluSurv-NET) conducts population-based surveillance for laboratory-confirmed influenza-related hospitalizations in select counties in 14 states and represents approximately 9% of the U.S. population. FluSurv-NET estimated hospitalization rates will be updated weekly starting later this season.

Additional FluSurv-NET hospitalization surveillance information for current and past seasons and additional age groups:

Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#anchor\_1633698456778) | FluView Interactive (http://gis.cdc.gov/GRASP/Fluview/FluHospRates.html)

### HHS-Protect Hospitalization Surveillance

Hospitals report to HHS-Protect the number of patients admitted with laboratory-confirmed influenza. During week 42, 288 patients with laboratory-confirmed influenza were admitted to the hospital.



(/flu/weekly/weeklyarchives2021-2022/Protect42.html)View Chart Data 🗔 (/flu/weekly/weeklyarchives2021-2022/data/ProtectData42.csv) | View Full Screen (/flu/weekly/weeklyarchives2021-2022/Protect42.html)

#### Additional HHS Protect hospitalization surveillance information:

Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#anchor\_1633698474047) | Additional Data (https://healthdata.gov/Hospital/COVID-19-Reported-Patient-Impact-and-Hospital-Capa/anag-cw7u)

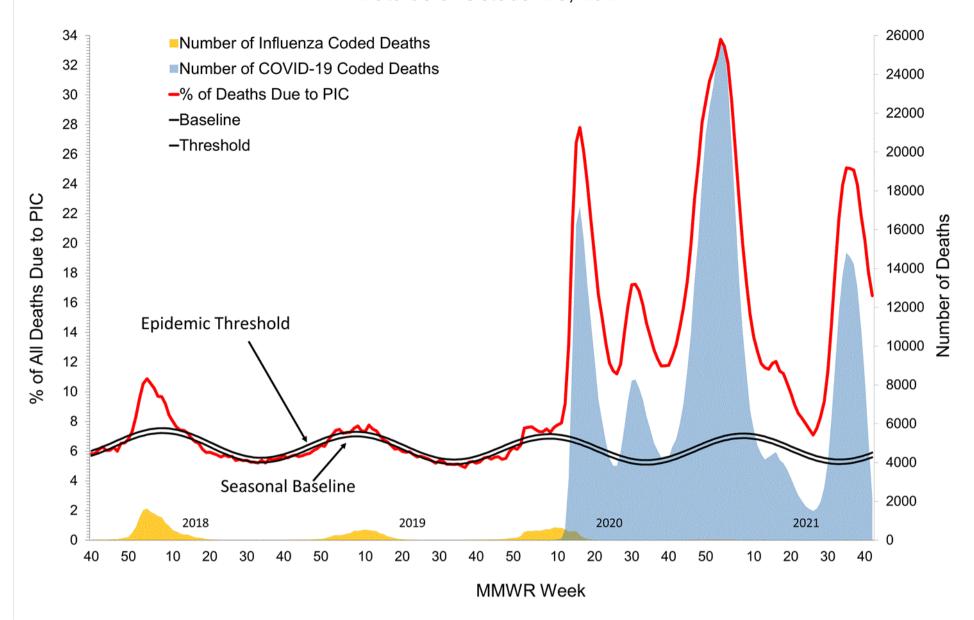
## **Mortality Surveillance**

(https://www.cdc.gov/flu/weekly/overview.htm#anchor\_1634311686144)

### National Center for Health Statistics (NCHS) Mortality Surveillance

Based on NCHS mortality surveillance data available on October 28, 2021, 16.5% of the deaths that occurred during the week ending October 23, 2021 (week 42), were due to pneumonia, influenza, and/or COVID-19 (PIC). This percentage is above the epidemic threshold of 5.9% for this week. Among the 2,994 PIC deaths reported for this week, 2,188 had COVID-19 listed as an underlying or contributing cause of death on the death certificate, and four listed influenza, indicating that current PIC mortality is due primarily to COVID-19 and not influenza. The data presented are preliminary and may change as more data are received and processed.

# Pneumonia, Influenza, and COVID-19 Mortality from the National Center for Health Statistics Mortality Surveillance System Data as of October 28, 2021



(https://gis.cdc.gov/grasp/fluview/mortality.html)View Chart Data (/flu/weekly/weeklyarchives2021-2022/data/NCHSData42.csv) | View Full Screen (/flu/weekly/weeklyarchives2021-2022/NCHS42.html)

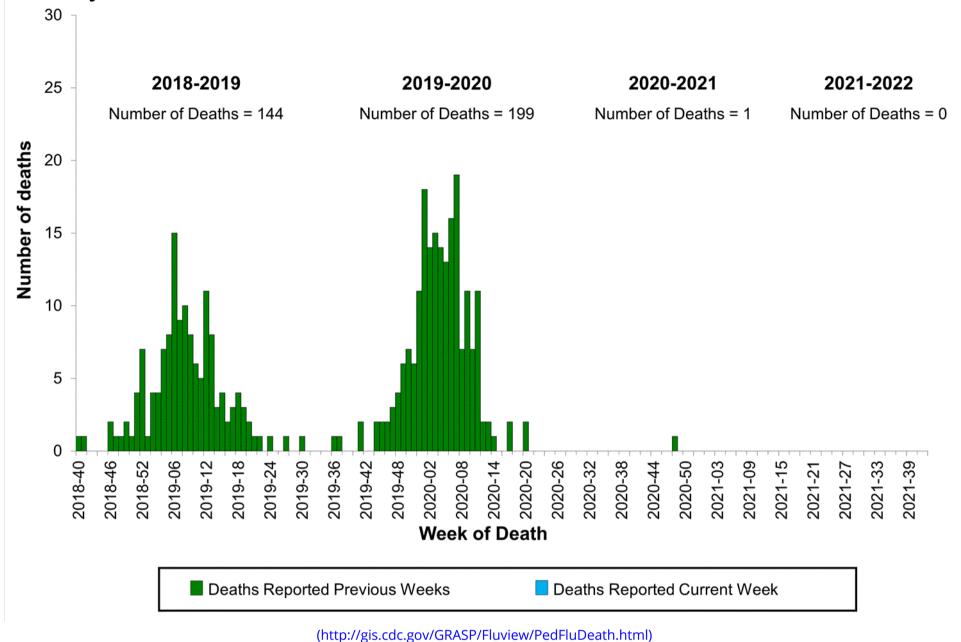
Additional pneumonia, influenza and COVID-19 mortality surveillance information for current and past seasons:

Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#anchor\_1633698570680) | FluView Interactive (https://gis.cdc.gov/grasp/fluview/mortality.html)

## Influenza-Associated Pediatric Mortality

No influenza-associated pediatric deaths occurring during the 2021-2022 season have been reported to CDC.

# Influenza-Associated Pediatric Deaths by Week of Death, 2018-2019 season to 2021-2022 season



Additional pediatric mortality surveillance information for current and past seasons:

Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#anchor\_1633698596803) | FluView Interactive (https://gis.cdc.gov/GRASP/Fluview/PedFluDeath.html)

## Additional National and International Influenza Surveillance Information

View Full Screen (/flu/weekly/weeklyarchives2021-2022/PedFlu42.html)

FluView Interactive: FluView includes enhanced web-based interactive applications that can provide dynamic visuals of the influenza data collected and analyzed by CDC. These FluView Interactive applications (http://www.cdc.gov/flu/weekly/fluviewinteractive.htm) allow people to create customized, visual interpretations of influenza data, as well as make comparisons across flu seasons, regions, age groups and a variety of other demographics.

National Institute for Occupational Safety and Health: Monthly surveillance data on the prevalence of health-related workplace absenteeism among full-time workers in the United States are available from NIOSH (https://www.cdc.gov/niosh/topics/absences/default.html).

U.S. State and local influenza surveillance: Select a jurisdiction below to access the latest local influenza information.

Alabama (http://adph.org/influenza/)	Alaska (http://dhss.alaska.gov/dph/Epi/id/Pages/influenza/flui
Colorado (https://www.colorado.gov/pacific/cdphe/influenza)	Connecticut (https://portal.ct.gov/DPH/Epidemiology-and-Em

Hawaii (http://health.hawaii.gov/docd/resources/reports/influ
Kansas (http://www.kdheks.gov/flu/surveillance.htm)
Massachusetts (https://www.mass.gov/influenza)
Montana (https://dphhs.mt.gov/publichealth/cdepi/diseases/
New Mexico (https://nmhealth.org/about/erd/ideb/isp/)
Oklahoma (https://www.ok.gov/health/Prevention_and_Preparedness/Acu
South Dakota (https://doh.sd.gov/diseases/infectious/flu/su
Virginia (http://www.vdh.virginia.gov/epidemiology/influenza-
New York City (http://www1.nyc.gov/site/doh/providers/hea

#### World Health Organization:

Additional influenza surveillance information from participating WHO member nations is available through FluNet (https://www.who.int/tools/flunet) and the Global Epidemiology Reports. (https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs)

#### WHO Collaborating Centers for Influenza:

Australia (http://www.influenzacentre.org/Surveillance\_Samples\_Received.html), China (http://www.chinaivdc.cn/cnic/), Japan (http://idsc.nih.go.jp/index.html), the United Kingdom (https://www.crick.ac.uk/research/worldwide-influenza-centre), and the United States (http://www.cdc.gov/flu/) (CDC in Atlanta, Georgia)

#### Europe:

The most up-to-date influenza information from Europe is available from WHO/Europe and the European Centre for Disease Prevention and Control (http://www.flunewseurope.org/).

#### Public Health Agency of Canada:

The most up-to-date influenza information from Canada is available in Canada's weekly FluWatch report (http://www.phac-aspc.gc.ca/fluwatch/).

#### Public Health England:

The most up-to-date influenza information from the United Kingdom is available from Public Health England [2] (http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/SeasonalInfluenza/).

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